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	1	CE ADDRESS (Note: Use Block 1 for an 590 08/09/2004	011	papers. Each additiona	mailing can only be used for is certificate cannot be used for il paper, such as an assignme to of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must
	OSHA & MAY I 1221 MCKINNEY HOUSTON, TX 7	7, SUITE 2800	NOV 0 9 2004 B	I hereby certify that th	tificate of Mailing or Trans is Fee(s) Transmittal is being with sufficient postage for fir I Stop ISSUE FEE address TO (703) 746-4000, on the d	g deposited with the United st class mail in an envelope above, or being facsimile
11/	/10/2004 NNGUYEN2 000	00177 10072169	RADEMARKE			(Depositor's name)
01	FC:1501	1370.00 OP				(Signature)
02	FC:1504 FC:8001	300.00 OP 6.00 OP				(Date)
- [APPLICATION NO.	FILING DATE	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/072,169	02/07/2002	Gregory M. Wrig	ght	16159.072001	1320

TITLE OF INVENTION: OBJECT ADDRESSED MEMORY HIERARCHY

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional NO		\$1330	1	\$300	\$1630	11/09/2004			
EXAMINER			IT	CLASS-SUBCLASS					
MCLEAN MAY	O, KIMBERLY N	2187		711-207000					
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sun MICROSYSTEMS. INC. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sun MICROSYSTEMS. INC. Santa Clara, CA 95054									
	YSTEMS, INC. e assignee category or categor	ies (will not be pr	inted on the p	patent); 📮 individual	☑ corporation or other private g	roup entity 🚨 governmen			
a. The following fee(s) are	enclosed:	41	. Payment of	Fee(s):					
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XXPublication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.					
X Advance Order - # of Copies				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form).					
. Change in Entity Status	s (from status indicated above))							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.				☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).					

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Authorized	fignature) # 45,079	(Date)	11/9/00

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,676.00

Complete if Known						
Application Number	10/072,169-Conf. #1320					
Filing Date	February 7, 2002					
First Named Inventor	Gregory M. Wright					
Examiner Name	K. N. McLean Mayo					
Art Unit	2187					
Attorney Docket No.	16159/072001; P7331					

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)							
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1004 79	90 200	4 395	Reissue filing fee		1403	300	240	3 150	Request for oral hea	aring		
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV535682113US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

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Dated: November 9, 2004

Signature: SunluC McFadden)

Date

November 9, 2004

Signature